



State of Illinois
Non-Participating Manufacturer
Certification of PACT Act Information

NPM-PACT

Please Review PACT Act Notice

Part 1: Liability Year and Type of Certification

Liability Year for this Certification: Complete a separate form for each liability year for which you are certifying. (check one) ☐ **2012** ☐ Other: _____

Type of Certification: (check one) ☐ Initial ☐ Annual ☐ Supplemental

Part 2: Manufacturer Identification

Company Name _____

Part 3: PACT Act Registration

1. Has manufacturer registered as a tobacco manufacturer with the Illinois Department of Revenue? ☐ Yes ☐ No
(Provide a copy of your current Illinois registration)

2. Provide the name and address of your Illinois registered agent.

3. Provide a listing of states with which manufacturer has registered as a tobacco manufacturer.

Part 4: PACT Act Reports

1. Has manufacturer filed monthly reports of all shipments or transfers of cigarettes and tobacco products into Illinois during 2011 with the Illinois Department of Revenue? ☐ Yes ☐ No
(Provide a copy of your monthly reports filed with IDOR or confirm that such reports have been previously provided to the OAG.)

2. Provide a list of states for which manufacturer has filed monthly reports of shipments or transfers of cigarettes and tobacco products in 2012.

3. Provide the mode of delivery, including the name and address of the person delivering the cigarettes or other tobacco products into Illinois and other states

Part 5: Miscellaneous Information

1. Provide a list of states into which manufacturer shipped or transferred cigarettes and tobacco products in 2012.

2. Provide the name and address of the importers, distributors, wholesalers or retailers to which manufacturer made direct shipments or transfers of cigarettes and tobacco products in 2012.

3. Provide a list of states in which manufacturer advertises or offers for sale cigarettes, RYO, or smokeless tobacco, even if no direct shipments or transfers were made into such states.

Part 6: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Certification and any attached documents are true and accurate. ***This document must be signed and dated by an authorized notary public.***

NPM Authorized Designee (Print Name) _____

Title _____

Signature of NPM Authorized Designee _____

Date _____

Subscribed and sworn to
before me this date: _____

Signature of Notary Public _____

County _____

Commission Expires _____